

Table but which was caused by” one of the vaccines referred to in the Table, or

b. “[S]ustained, or had significantly aggravated, any illness, disability, injury, or condition set forth in the Vaccine Injury Table the first symptom or manifestation of the onset or significant aggravation of which did not occur within the time period set forth in the Table but which was caused by a vaccine” referred to in the Table.

In accordance with Section 2112(b)(2), all interested persons may submit written information relevant to the issues described above in the case of the petitions listed below. Any person choosing to do so should file an original and three (3) copies of the information with the Clerk of the United States Court of Federal Claims at the address listed above (under the heading **FOR FURTHER INFORMATION CONTACT**), with a copy to HRSA addressed to Director, Division of Injury Compensation Programs, Health Systems Bureau, 5600 Fishers Lane, 08N146B, Rockville, Maryland 20857. The Court’s caption (*Petitioner’s Name v. Secretary of HHS*) and the docket number assigned to the petition should be used as the caption for the written submission. Chapter 35 of title 44, United States Code, related to paperwork reduction, does not apply to information required for purposes of carrying out the Program.

**Carole Johnson,**  
Administrator.

#### List of Petitions Filed

1. Christopher Bost, Hamburg, Pennsylvania, Court of Federal Claims No: 22–0001V
2. Alexander Lau, Pittsburgh, Pennsylvania, Court of Federal Claims No: 22–0002V
3. Brian Peterson, Phoenix, Arizona, Court of Federal Claims No: 22–0007V
4. Elizabeth Cantrell, Nashville, Tennessee, Court of Federal Claims No: 22–0008V
5. Mark Bezzek, Sanford, North Carolina, Court of Federal Claims No: 22–0009V
6. Elaina Bouw, Phoenix, Arizona, Court of Federal Claims No: 22–0011V
7. William Rash, Tewksbury, Massachusetts, Court of Federal Claims No: 22–0012V
8. Daniel Tetting, St. Paul, Minnesota, Court of Federal Claims No: 22–0016V
9. Joseph Karam, Portland, Oregon, Court of Federal Claims No: 22–0017V
10. Molly Converse, San Antonio, Texas, Court of Federal Claims No: 22–0019V
11. Miriam San Pedro, Reseda, California, Court of Federal Claims No: 22–0022V
12. Michael Cascio, Charleston, South Carolina, Court of Federal Claims No: 22–0024V
13. Melissa Ogea, Phoenix, Arizona, Court of Federal Claims No: 22–0025V
14. Albert Miller, Kinder, Louisiana, Court of Federal Claims No: 22–0026V
15. Gary W. Cobb, Portland, Oregon, Court of Federal Claims No: 22–0028V
16. Monica Reid, Largo, Maryland, Court of Federal Claims No: 22–0029V
17. Jacqueline Nyarko, Houston, Texas, Court of Federal Claims No: 22–0030V
18. Beverly Luckner and Margaret Sutto on behalf of the Estate of Eleanor Vlack, Deceased, Venice, Florida, Court of Federal Claims No: 22–0031V
19. China Cicarelli, New York, New York, Court of Federal Claims No: 22–0032V
20. Sherry McNey, Loma Linda, California, Court of Federal Claims No: 22–0034V
21. Jon Tulloch, Brewster, Massachusetts, Court of Federal Claims No: 22–0035V
22. Caleb Savoie, Metairie, Louisiana, Court of Federal Claims No: 22–0037V
23. Kimberly Pendleton, East Norriton, Pennsylvania, Court of Federal Claims No: 22–0039V
24. Kathleen Trusko, Philadelphia, Pennsylvania, Court of Federal Claims No: 22–0042V
25. Brianna Aguilar, Omaha, Nebraska, Court of Federal Claims No: 22–0043V
26. Catherine Gabel, Baker, Louisiana, Court of Federal Claims No: 22–0044V
27. Jill Gardner, Henderson, Nevada, Court of Federal Claims No: 22–0045V
28. Scott Barber, Wellesley, Massachusetts, Court of Federal Claims No: 22–0050V
29. Ewa Konik and Roman Juengling on behalf of M. K., Sioux Falls, South Dakota, Court of Federal Claims No: 22–0051V
30. Denise Watts, Petal, Mississippi, Court of Federal Claims No: 22–0054V
31. Edith Purcell, Somerset, Kentucky, Court of Federal Claims No: 22–0055V
32. Ellsworth Ramsdell, Keizer, Oregon, Court of Federal Claims No: 22–0057V
33. Ryan Nelson and Hollie Nelson on behalf of D. N., Pocatello, Idaho, Court of Federal Claims No: 22–0063V
34. Fay M. Haas, Beachwood, Ohio, Court of Federal Claims No: 22–0065V
35. Lanette Jackson, Suwanee, Georgia, Court of Federal Claims No: 22–0066V
36. Sandra Canales, Merritt Island, Florida, Court of Federal Claims No: 22–0067V
37. Deborah Derrick, Benton, Pennsylvania, Court of Federal Claims No: 22–0068V
38. Jennifer Beretta, Salinas, California, Court of Federal Claims No: 22–0069V
39. Sharon Bailey, Waterville, Ohio, Court of Federal Claims No: 22–0070V
40. Dianne Somerville, Lehigh Acres, Florida, Court of Federal Claims No: 22–0071V
41. Ashley Middleton, Charlotte, North Carolina, Court of Federal Claims No: 22–0073V
42. Deborah Scott, Phoenix, Arizona, Court of Federal Claims No: 22–0074V
43. Andre D. Robinson, Boscobel, Wisconsin, Court of Federal Claims No: 22–0075V
44. Jodi Fields, Florence, Kentucky, Court of Federal Claims No: 22–0076V
45. Tamara Defonzo on behalf of C.S., Phoenix, Arizona, Court of Federal Claims No: 22–0077V
46. Robert Phoneprasith, Plymouth, Wisconsin, Court of Federal Claims No: 22–0079V
47. Jonnie Brown, Gainesville, Georgia, Court of Federal Claims No: 22–0080V
48. Alfred Marshall, Corona, California, Court of Federal Claims No: 22–0081V
49. Audrey Smith on behalf of the Estate of Larry Smith, Deceased, Bagley, Minnesota, Court of Federal Claims No: 22–0082V
50. Peter Evan Kenseth, Richmond, Virginia, Court of Federal Claims No: 22–0084V
51. Kelly Wicoff on behalf of the Estate of Randolph Kester, Seattle, Washington, Court of Federal Claims No: 22–0085V
52. Samantha Klagenberg and Brandon Klagenberg on behalf of M.K., Phoenix, Arizona, Court of Federal Claims No: 22–0086V
53. Melissa Bartlett, Woodbridge, Illinois, Court of Federal Claims No: 22–0087V
54. Christina Cordell on behalf of H.C., Phoenix, Arizona, Court of Federal Claims No: 22–0088V
55. Jolene Wiltz, Sabetha, Kansas, Court of Federal Claims No: 22–0089V
56. Rebecca Sullivan on behalf of A.S., Phoenix, Arizona, Court of Federal Claims No: 22–0091V
57. Vincent Mancuso, Woodbridge, Illinois, Court of Federal Claims No: 22–0093V
58. Rae Rowe, Beaver, Pennsylvania, Court of Federal Claims No: 22–0094V
59. Colleen Holveck, Avondale, Pennsylvania, Court of Federal Claims No: 22–0095V
60. Geoffrey Donaldson, Millerton, New York, Court of Federal Claims No: 22–0096V

[FR Doc. 2022–04476 Filed 3–2–22; 8:45 am]

**BILLING CODE 4165–15–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Agency Information Collection Activities: Submission to OMB for Review and Approval; Public Comment Request; MCH Jurisdictional Survey Instrument for the Title V MCH Block Grant Program, OMB No. 0906–0042—Extension

**AGENCY:** Health Resources and Services Administration (HRSA), Department of Health and Human Services.

**ACTION:** Notice.

**SUMMARY:** In compliance with of the Paperwork Reduction Act of 1995, HRSA has submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and approval. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public during the review and approval period. OMB may act on HRSA’s ICR only after the 30-day comment period for this notice has closed.

**DATES:** Comments on this ICR should be received no later than April 4, 2022.

**ADDRESSES:** Written comments and recommendations for the proposed information collection should be sent

within 30 days of publication of this notice to [www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain). Find this particular information collection by selecting “Currently under Review—Open for Public Comments” or by using the search function.

**FOR FURTHER INFORMATION CONTACT:** To request a copy of the clearance requests submitted to OMB for review, email Samantha Miller, the acting HRSA Information Collection Clearance Officer at [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or call (301) 443-9094.

**SUPPLEMENTARY INFORMATION:**

*Information Collection Request Title:* Maternal and Child Health (MCH) Jurisdictional Survey Instrument for the Title V MCH Block Grant Program, OMB No. 0906-0042—Extension.

*Abstract:* The purpose of the title V MCH Block Grant is to improve the health of the Nation’s mothers, infants, children, including children with special health care needs, and their families by creating federal/state partnerships that provide each state/jurisdiction with needed flexibility to respond to its individual MCH population needs. Unique to the MCH Block Grant is a commitment to performance accountability, while assuring state flexibility. Utilizing a three-tiered national performance measure framework, which includes National Outcome Measures, National Performance Measures, and Evidence-Based and -Informed Strategy Measures, State Title V programs report annually on their performance relative to the selected national performance and outcome measures. Such reporting enables the state and federal program offices to assess the progress achieved in key MCH priority areas and to document Title V program accomplishments.

By legislation (section 505(a) and 506(a) of title V of the Social Security Act), the MCH Block Grant Application/Annual Report must be developed by, or in consultation with, state MCH health agencies. In establishing state reporting requirements, HRSA’s Maternal and Child Health Bureau considers the availability of national data from other federal agencies. Data for the national performance and outcome measures are pre-populated for states in the title V Information System. National data sources identified for the National Performance Measures and National Outcome Measures in the MCH Block Grant program seldom include data from the Title V jurisdictions, with the exception of the District of Columbia. The eight remaining jurisdictions (*i.e.*, American Samoa, Federated States of

Micronesia, Guam, Marshall Islands, Northern Mariana Islands, Palau, Puerto Rico, and U.S. Virgin Islands) have limited access to significant data and MCH indicators, with limited capacity for collecting these data.

Sponsored by HRSA’s Maternal and Child Health Bureau, the MCH Jurisdictional Survey is designed to produce data on the physical and emotional health of mothers and children under 18 years of age in the following eight jurisdictions—American Samoa, Federated States of Micronesia, Guam, Marshall Islands, Northern Mariana Islands, Palau, Puerto Rico, and Virgin Islands. More specifically, the MCH Jurisdictional Survey collects information on factors related to the well-being of children, including health status, visits to health care providers, health care costs, and health insurance coverage. In addition, the MCH Jurisdictional Survey collects information on factors related to the well-being of mothers, including health risk behaviors, health conditions, and preventive health practices. Collecting this data will enable the jurisdictions to meet federal performance reporting requirements and to demonstrate the impact of Title V funding relative to MCH outcomes for the U.S. jurisdictions in reporting on their unique MCH priority needs.

The MCH Jurisdictional Survey was designed based on information-gathering activities with Title V leadership and program staff in the jurisdictions, experts at the Centers for Disease Control and Prevention and other organizations with relevant data collection experience. Survey items are based on the National Survey of Children’s Health; the Behavioral Risk Factor Surveillance System; the Youth Behavior Surveillance System; and selected other federal studies. The Survey is designed as a core questionnaire to be administered across all jurisdictions with a supplemental set of survey questions customized to the needs of each jurisdiction.

A 60-day notice was published in the **Federal Register**, 86 FR 50365 (September 8, 2021). There were no public comments.

*Need and Proposed Use of the Information:* Data from the MCH Jurisdictional Survey will be used to measure progress on national performance and outcome measures under the Title V MCH Block Grant Program. This survey instrument is critical in order to collect information on factors related to the well-being of all mothers, children, and their families in the jurisdictional Title V programs, and which address their unique MCH needs.

HRSA is asking to update the previously approved question and response options for, “What is this child’s race?” The updated question would ask, “What is this child’s race and ethnicity?” Updated response options would include an expanded list of races and ethnicities prevalent in the Pacific Basin (specifically: Tongan, Saipanese, Mortlockese, Kosraen, Carolinian, Palauan, Pohnpeian, Yapese, Chuukese, and Marshallese). These changes are based on feedback from the program staff in the Jurisdictions and interviewers who indicated that some respondents were unsure about how to answer since they did not identify with any of the races and ethnicities listed, as well as on review of the data from 2019–2022. Participants in the Pacific Basin often struggled to choose a response from the available list and would default to selecting “other Pacific Islander, please specify.” Furthermore, the lack of additional race and ethnicity detail made it difficult for Jurisdictional title V Programs to properly analyze data and apply results to title V programming. The additional response options represent the most frequent responses received from participants to the “other Pacific Islander, please specify” item. This question is asked one time for each child included in the screener (questions A6, A17, A28, and A39).

1. *Is this child of Hispanic, Latino, or Spanish origin?*

1. No, not of Hispanic, Latino, or Spanish origin
2. Yes, Mexican, Mexican American, Chicano
3. Yes, Puerto Rican
4. Yes, Cuban
5. Yes, another Hispanic, Latino, or Spanish origin.

Please specify \_\_\_\_\_

2. *What is this child’s race or ethnicity?*  
Select one or more:

1. White
2. Black or African American
3. American Indian or Alaska Native
- Please specify \_\_\_\_\_
4. Asian Indian
5. Chinese
6. Filipino
7. Japanese
8. Korean
9. Vietnamese
10. Other Asian

Please specify \_\_\_\_\_

11. Native Hawaiian
12. Guamanian or Chamorro
13. Samoan
14. Tongan
15. Saipanese
16. Mortlockese
17. Kosraen
18. Carolinian
19. Palauan
20. Pohnpeian
21. Yapese

22. Chuukese  
23. Marshallese  
24. Other Pacific Islander  
Please specify \_\_\_\_\_

**Likely Respondents:** The respondent universe is women age 18 or older who live in one of the eight targeted U.S. jurisdictions (Puerto Rico, U.S. Virgin Islands, Guam, Northern Mariana Islands, American Samoa, Palau, Marshall Islands, or Federated States of

Micronesia) and who are mothers or guardians of at least one child aged 0–17 years living in the same household.

**Burden Statement:** Burden in this context means the time expended by persons to generate, maintain, retain, disclose, or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install, and utilize technology and systems for the purpose of collecting, validating and verifying

information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information.

The total annual burden hours estimated for this ICR are summarized in the table below.

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Burden hours per form	Total burden hours
Adult Parents—Puerto Rico .....	Screener .....	2,480	1	2,480	0.03	74.40	299.40
	Core .....	250	1	250	0.83	207.50	
	Jurisdiction Module .....	250	1	250	0.07	17.50	
Adult Parents—U.S. Virgin Islands .....	Screener .....	2,153	1	2,153	0.03	64.59	289.59
	Core .....	250	1	250	0.83	207.50	
	Jurisdiction Module .....	250	1	250	0.07	17.50	
Adult Parents—Guam .....	Screener .....	684	1	684	0.03	20.52	245.52
	Core .....	250	1	250	0.83	207.50	
	Jurisdiction Module .....	250	1	250	0.07	17.50	
Adult Parents—American Samoa .....	Screener .....	426	1	426	0.03	12.78	232.78
	Core .....	250	1	250	0.83	207.50	
	Jurisdiction Module .....	250	1	250	0.05	12.50	
Adult Parents—Federated States of Micronesia .....	Screener .....	339	1	339	0.03	10.17	230.17
	Core .....	250	1	250	0.83	207.50	
	Jurisdiction Module .....	250	1	250	0.05	12.50	
Adult Parents—Marshall Islands .....	Screener .....	284	1	284	0.03	8.52	236.02
	Core .....	250	1	250	0.83	207.50	
	Jurisdiction Module .....	250	1	250	0.08	20.00	
Adult Parents—Northern Mariana Islands .....	Screener .....	470	1	470	0.03	14.10	241.60
	Core .....	250	1	250	0.83	207.50	
	Jurisdiction Module .....	250	1	250	0.08	20.00	
Adult Parents—Palau .....	Screener .....	467	1	467	0.03	14.01	226.51
	Core .....	250	1	250	0.83	207.50	
	Jurisdiction Module .....	250	1	250	0.02	5.00	
Total .....	.....	7,303	.....	7,303	.....	.....	2,001.59

HRSA specifically requests comments on (1) the necessity and utility of the proposed information collection for the proper performance of the agency's functions, (2) the accuracy of the estimated burden, (3) ways to enhance the quality, utility, and clarity of the information to be collected, and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

**Maria G. Button,**

*Director, Executive Secretariat.*

[FR Doc. 2022–04413 Filed 3–2–22; 8:45 am]

**BILLING CODE 4165–15–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

### National Institute of General Medical Sciences; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as

amended, notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

**Name of Committee:** National Institute of General Medical Sciences Special Emphasis Panel; Review of Institutional Development Award (IDeA) Program Infrastructure for Clinical and Translational Research (IDeA–CTR) (U54).

**Date:** March 30, 2022.

**Time:** 10:30 a.m. to 6:00 p.m.

**Agenda:** To review and evaluate grant applications.

**Place:** National Institute of General Medical Science, Natcher Bldg. 45, 45 Center Drive, Bethesda, MD 20892 (Virtual Meeting).

**Contact Person:** Saraswathy Seetharam, Ph.D., Scientific Review Officer, Office Scientific Review, National Institute of General Medical Sciences, National Institutes Health, 45 Center Drive, Room 3AN12C, Bethesda, MD 20892, 301–594–2763, [seetharams@nigms.nih.gov](mailto:seetharams@nigms.nih.gov).

(Catalogue of Federal Domestic Assistance Program Nos. 93.375, Minority Biomedical Research Support; 93.821, Cell Biology and Biophysics Research; 93.859, Pharmacology, Physiology, and Biological Chemistry Research; 93.862, Genetics and Developmental Biology Research; 93.88, Minority Access to Research Careers; 93.96, Special Minority Initiatives; 93.859, Biomedical Research and Research Training, National Institutes of Health, HHS)

Dated: February 25, 2022.

**Miguelina Perez,**

*Program Analyst, Office of Federal Advisory Committee Policy.*

[FR Doc. 2022–04425 Filed 3–2–22; 8:45 am]

**BILLING CODE 4140–01–P**